



PRIVACY RELEASE FORM

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Dear Friend:

Thank you for your request that I contact a Federal Agency on your behalf for information or assistance. In order to access and disseminate personal information, written permission from the individual is required under the **Privacy Act of 1974**.

If the person whose file is involved will please sign the release form below and return it to my district office by mail to 504 Washington Road, Pittsburgh, PA 15228, or by fax at (412) 429-5092, Congressman Murphy or any authorized member of his staff will make the appropriate inquiries.

NAME _____

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TELEPHONE(_____) _____

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CLAIM OR I.D. NUMBER(if appropriate) _____

FEDERAL AGENCY INVOLVED _____

PROBLEM OR ASSISTANCE NEEDED _____

SIGNATURE _____ DATE _____